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EDITORIALS

A New Study of C.P.S.

California Physicians' Service will be given another look-over in the coming year as a result of action taken by the C.P.S. House of Delegates at the annual meeting. The House adopted a resolution calling upon the Council of the California Medical Association to appoint a committee "to ascertain the expectations of the medical profession of California in regard to C.P.S."

The functions of this committee are given in the resolution as follows: "... to make a careful study of C.P.S. as related to the operations of private insurance companies and other prepaid medical care groups, and to determine the future role and purpose of California Physicians' Service in the whole field of voluntary prepaid medicine."

While the language of the resolution is permissive in "urgently requesting" the C.M.A. Council to appoint such a committee, the Council has acted in the spirit of the proposal and has taken steps to appoint a committee which will be representative of all sections of the state and of all interests of physicians in various types of practice.

Appointment of this committee, which is expected to start functioning immediately, is reminiscent of the "Chandler Committee" of 1945-46. That group resulted from a similar demand from the House of Delegates for a scrutiny of medicine's own prepayment plan; its purpose was somewhat different from that of the present committee, in that it aimed primarily at going into the business affairs of C.P.S., particularly as those affairs affected the relationship between the organization and its physician members. At the same time, many of the considerations of the earlier committee will doubtless be given further study by the present body.

If the findings, recommendations and results of the "Chandler Committee" study may be taken as a

criterion, the review of C.P.S. by the present committee should have a salutary effect. The former committee made a series of recommendations which were put into effect by C.P.S. and the C.M.A., including: Recognition of a system of both service and indemnification, with an income ceiling as the dividing line; biennial revision of the C.P.S. fee schedule; recognition of the need for periodic revision of the income ceiling; recognition of the need for C.P.S. to make its own hospitalization arrangements; approval of surveys of the business methods of C.P.S.; recognition of the respective spheres of authority of the C.M.A., the C.P.S. Board of Trustees and the management executives of C.P.S.; appointment of competent businessmen to the Board of Trustees of C.P.S. and, finally, continued sponsorship of C.P.S. and the voluntary systems of prepaid medical care by the California Medical Association.

There were additional recommendations of a more technical nature but the results of the foregoing may all be seen in the current operations of C.P.S.

The current committee will be looking into the entire picture of C.P.S. from a little different angle but still from the point of view of the practicing physician. Voluntary health insurance has grown so rapidly, and competition today is so keen among the numerous underwriters, that an attitude of let's-stop-and-take-stock is dictated by sound judgment. An appraisal of the place of C.P.S. in the sun of voluntary health insurance cannot but be helpful to the medical profession. An unbiased study of its "future role and purpose" will undoubtedly result in a clear picture of just where medicine's baby is going and should go. At the same time, the committee will have a chance to take a closer look at other

forms of voluntary prepaid medical care and to assess them at their true value and their comparative status with C.P.S.

The functioning of this committee in the coming year will mark another step forward in the search for truth in the important field of voluntary prepaid medical care. The American public, and especially the California public, has made its wishes crystal-clear in demanding that *some* system of health in-

surance be available. If the medical profession is to maintain its leadership in properly appraising and meeting the public interest, an objective review of the current situation is bound to be helpful.

The new committee has a big job cut out for it. In prospect, it looks as though the committee can and will handle its work in capable fashion and will come up next year with ideas which will be beneficial to all concerned, including physicians.



A.M.A. 1951 Meeting

Atlantic City, with its huge exhibit hall and rows of large boardwalk hotels, last month played host to the 100th Annual Meeting of the American Medical Association, a meeting which was marked for its quiet and calm. In earlier years some A.M.A. sessions have covered some bitterly controversial subjects in the policy-making House of Delegates. In contrast, the 1951 meeting accomplished its business with a minimum of argument and a maximum of speed.

With the close of the session, it appeared that California had carried off at least its share of the honors. Dr. John W. Cline was installed as president of the A.M.A., Dr. Dwight H. Murray was elected Chairman of the Board of Trustees and Mrs. Ralph B. Eusden was elected President-Elect of the national Woman's Auxiliary. On top of that, three Californians were named by their specialty sections as members of the House of Delegates, increasing the California strength in the House to 14 out of 201 members.

Immediately preceding the A.M.A. meeting, the annual session of the American College of Radiology bestowed upon Dr. Lowell S. Goin, a former C.M.A. president, its coveted Gold Medal for outstanding achievement in the field of radiology. Doctor Goin is the first recipient of this award since 1941 and the seventh in the history of the College. As such he follows in the footsteps of Mme. Curie and other renowned figures in the development of radiology.

Tackling the question of the dual system of membership and fellowship in the A.M.A., the House of Delegates voted to put over final consideration until

the interim session next December. This confusing situation should be straightened out at the earliest possible moment; in the light of existing policies of the A.M.A. in collecting annual dues from its members, the classification of fellowships seems to be an unneeded appendage which could easily and profitably be excised. The business offices of every medical society would favor such a move, as well as the individual members who are caught up in the tangle of duplication of effort without tangible benefit.

The House of Delegates took positive action on the question of hospital accreditation, by approving the action of the Board of Trustees of agreeing to participate in a program in which the official accrediting body would be composed of representatives of the A.M.A., the American College of Surgeons, the American College of Physicians and the American Hospital Association. Hospital inspection under this program would be rotated among the representatives of the several groups.

Next December's meeting of the A.M.A., the clinical session, will be held in Los Angeles, which then for the first time will have a chance to play host to the national body. The 1954 Annual Session will be held in San Francisco, a decision which was unanimously voted.

It may be true, as some wag stated, that in ten years nobody will even know that the A.M.A. held a meeting in 1951; on the other hand, the scientific advances of the meeting bear tribute to medicine's ever-progressive attitude, even though the business side of the meeting may have been without great incident.